SCHEDULE H (Form 1040)

Name of employer

Household Employment Taxes (For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

► Attach to Form 1040, 1040NR, 1040-SS, or 1041.

OMB No. 1545-0074 Attachment Sequence No. 44

Social security number

Department of the Treasury Internal Revenue Service (99)

► See separate instructions.

		Em	ployer	identi	fication	numl	oer			
			<u> </u>							
Α	Did you pay any one household employee cash wages of \$1,300 or more in 2001? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions on page 3 before you answer this question.)									
	☐ Yes. Skip lines B and C and go to line 1.☐ No. Go to line B.									
В	Did you withhold Federal income tax during 2001 for any household employee?									
	☐ Yes. Skip line C and go to line 5.☐ No. Go to line C.									
С	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2000 or 2001 to household employees? (Do not count cash wages paid in 2000 or 2001 to your spouse, your child under age 21, or your parent.)									
	☐ No. Stop. Do not file this schedule.☐ Yes. Skip lines 1-9 and go to line 10 on the back.									
Pa	rt I Social Security, Medicare, and Income Taxes									
1	Total cash wages subject to social security taxes (see page 3) 1									
2	Social security taxes. Multiply line 1 by 12.4% (.124)	-	2							
3	Total cash wages subject to Medicare taxes (see page 3)									
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	-	4							
5	Federal income tax withheld, if any	!	5							
6	Total social security, Medicare, and income taxes (add lines 2, 4, and 5)	-	6							
7	Advance earned income credit (EIC) payments, if any	-	7							
8	Net taxes (subtract line 7 from line 6)	_ ;	8							
9	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2000 or 2001 to ho (Do not count cash wages paid in 2000 or 2001 to your spouse, your child under age 21, or yo			•	yees	•				
	No. Stop. Enter the amount from line 8 above on Form 1040, line 57. If you are not require line 9 instructions on page 4.	d to	file F	orm	1040,	see	the			
	☐ Yes. Go to line 10 on the back.									

Cat. No. 12187K

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Par	Federal U	nemployment (FI	ота) тах							Yes	No
10	Did you pay unemp	olovment contribution	ons to only	one state	27				10	_	110
11	Did you pay all stat							ee page	4 11		
12	Were all wages tha								. 12	<u>!</u>	
Next	: If you checked the										
	If you checked the	e "No" box on any	of the line	es above,	skip Secti	on A and com	plete Section	В.			
					tion A						T
13	Name of the state \										
14											
15	5 Contributions paid to your state unemployment fund (see page 4) . 15										
16	Total cash wages subject to FUTA tax (see page 4)						16			+	
<u>17</u>	FUTA tax. Multiply	line 16 by .008. En	ter the res	ult here, s	skip Section	n B, and go to	line 26	17			
10	O		l /:£		tion B	4)					
18	·	nns below that appl			space, see	e page 4):			h)	(ï	
(a) Name	State reporting number as shown on state	(c) Taxable wages (as defined in state act)	(d) State experience rate period		(e) State	(f) Multiply col. (c)	(g) Multiply col. (c)	Subtrac	t col. (g) ol. (f). If	Contrib	utions
of state	unemployment tax return				experience rate	by .054	by col. (e)	zero o		unemplo	oyment
	return		From	То				ente	1 -0	lui	
19	Totals						19				
						20					
20 21	Add columns (h) an Total cash wages s					20		21			
21	Total Cash Wages 3	abject to 1 0 1A tax	(SCC TIC II	TIC TO ITIS	iractions of	1 page 4)					
22	Multiply line 21 by	6.2% (.062)						22			
23	Multiply line 21 by	5 4% (054)				23					
24	Enter the smaller of							24			
25	FUTA tax. Subtract	line 24 from line 2	2 Enter th	ne result h	ere and do	to line 26		25			
Par		sehold Employm			cic and go	to line 20		23			
		-									
26	Enter the amount fr	rom line 8						26			
27	Add line 17 (or line	25) and line 26						27			
28	Are you required to	•									
	Yes. Stop. En	iter the amount from	m line 27 a	above on I	Form 1040	, line 57. Do n	ot complete				
		have to complete	Part IV. Se	e page 4	for details.						
Par		and Signature—C				quired. See t	he line 28 in				4.
Addre	ss (number and street) or	P.O. box if mail is not de	elivered to sti	reet address				Apt., re	oom, or s	uite no.	
City, t	own or post office, state,	and ZIP code									
He e'	popultion of and	plane that I bear	ad th! !	Julo !! !		ing otot	ا با عاد مدام	man direct	das - '	holl-f "	t in t
	penalties of perjury, I det t, and complete. No part										
						k					
- F	mployer's signature					— •	 Date				